

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031686

STATE FILE NUMBER

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 194

FILED AUG 26 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

16000

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4 1

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9332x

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11

12 4-0

13 2-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Smithville

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE Smithville Community Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cooper

c. CITY OR TOWN

Clarksburg

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

None

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Dora

Middle

Elizabeth

Last

Martin

4. DATE OF DEATH

Month

Day

Year

Aug.

19

1963

5. SEX

Fe

6. COLOR OR RACE

Wh

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-1-92

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Bunceton, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. E. Draffen

13b. MOTHER'S MAIDEN NAME

Florence Long

14. NAME OF HUSBAND OR WIFE

U. V. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

U. V. Martin Clarksburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN DEATH AND DEATH

28 hrs

DUE TO (b)

Cerebral Arteriosclerosis

Undet

DUE TO (c)

Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-16-61 to 4-30-63 and last saw her/him alive on 4-19-63

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles MD

22b. ADDRESS

8400 No. Oak - KC 552

22c. DATE SIGNED

8-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-22-63

23c. NAME OF CEMETERY OR CREMATORY

Masonic Cemetery

23d. LOCATION (City, town, or county)

Clarksburg, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Richards Funeral Home Tipton, Mo.

25. DATE RECD. BY LOCAL REG.

8-21-63

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.